

Case Number:	CM14-0106386		
Date Assigned:	07/30/2014	Date of Injury:	05/13/2011
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 yr. old female claimant who sustained a work injury on 5/13/11 involving the back and neck. She was diagnosed with Lumbar Disc Disease with radiculopathy, lumbar stenosis, cervicalgia, cervical stenosis and cervical radiculopathy. She received lumbar epidural steroid injections and underwent neck surgery in 2013. A progress note on 6/16/14 indicated the claimant had increasing pain symptoms in the posterior upper cervical region. Exam findings included decreased range of motion in the cervical region and decreased reflexes in the right upper extremity. Psychiatric exam was unremarkable. The claimant had been on Nucynta, Trazadone and Diazepam for pain for over 6 months. Her pain averaged 5-7/10 for the prior 6 months. She had undergone acupuncture, therapy and chiropractor sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nucynta 50mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

Decision rationale: Nucynta is an opioid with similar properties to Tramadol. According to the MUTS guidelines, such opioids are recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There is a limitation of current studies in that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. The claimant had been on Nucynta for several months with increasing pain symptoms. There is no documentation for NSAID or Tylenol failure. It is only recommended for short term use and therefore, this request is not medically necessary.

Diazepam 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Muscle relaxants (for pain) Page(s): 24, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and pg 24 Page(s): 24.

Decision rationale: According to the MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Diazepam is a benzodiazepine. There is no indication of anxiety in the recent history. It is intended for short-term use as a muscle relaxant. The claimant had been on it for at least 6 months without persistent and increasing neck pain. Therefore this request is not medically necessary.